

**REISSUE APPLICATION**

State Form 47667 (5-96)

Approved by State Board on Accounts 1996

INDIANA ALCOHOL & TOBACCO COMMISSION

302 W. Washington Street, Rm. E114

Indianapolis, IN 46204

Phone: (317) 232-2430

Web Page: <http://www.IN.gov/atc>**Reissue Fee \$10.00**

Payment by mail may be money order, business check, or certified check.

DO NOT SEND CASH OR PERSONAL CHECKS**FOR OFFICE USE ONLY**

Cash Receipt #: _____

Date Reissued: _____

Expiration Date: _____

INFORMATION**Type of Permit to be Reissued (*check one*):** ☐ **Employee** ☐ **Business**

Name on Permit

Social Security Number (*Mandatory*)

Permit Number

Permittee Address (*number and street*)

City

State

Zip

Daytime Telephone Number

REASON FOR REISSUE**Check Reason for Reissue:**

- ☐ Original permit never received (*lost in mail*)
- ☐ Original permit lost
- ☐ Original permit stolen
- ☐ Original permit destroyed
- ☐ Articles of Amendment (*name change, copy of articles of amendment must be attached*)
- ☐ Articles of Merger (*no change in ownership, copy of article of merger must be attached*)

SIGNATURE AND AFFIRMATION

I understand that the original permit is null and void upon reissuance, and if I recover the original permit, I must forward it to the Indiana Alcohol & Tobacco Commission.

I AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT.

Signature of applicant

Printed or typed name of applicant

Date